Occupational Exposure to Hazardous Chemicals in Laboratories Standard 29 CFR 1910.1450

MODEL WRITTEN CHEMICAL HYGIENE PLAN

This model program was prepared by the U.S. Department of Labor, Occupational Safety and Health Administration and edited by the New Jersey Department of Health, Public Employees Occupational Safety and Health (PEOSH) Program.

NOTE: The information contained in this document is not considered a substitute for any provisions of the PEOSH Act or for any standards issued or adopted by the PEOSH Program.

CHEMICAL HYGIENE PLAN FOR

	(Facility Name)		
The general intent of the chemical hygiene plan for(insert facility name) is:			
1.	to protect laboratory employees from health hazards associated with the use of hazardous chemicals in our laboratory, and		
2.	to assure that our laboratory employees are not exposed to substances in excess of the permissible exposure limits adopted by PEOSH. (29 CFR 1910 subpart Z.)		
The plan wi	Ill be available to all employees for review and a copy will be located in the following areas:		
	ill be reviewed annually by(Insert name or position), d as necessary.		
	ANDARD OPERATING PROCEDURES to be followed In the laboratory relevant to safety d health when using chemicals.		
	ese are general procedures of laboratory operation which you likely already have in effect. ction E of Appendix A of 1910.1450 lists the following considerations:]		
B) C) D) E) F) G) H) J) K) L) M) N) O) P) Q)	Accidents, spills Avoidance of routine exposure Choice of chemicals Eating, drinking, smoking, etc Equipment and glassware Exiting Horseplay Mouth suction Personal apparel Housekeeping Personal protection Planning Unattended operations Use of hood Vigilance Waste disposal Working alone		
A) B) C)	Corrosive Agents Electrically powered laboratory apparatus Fires, explosions Low temperature procedures Pressurized and vacuum operations		

	ZARDOUS CHEMICALS The following operations shall be performed in LABORATORY HOODS:
B)	The following operations shall be performed in BIOLOGICAL SAFETY CABINETS:
C)	The following operations shall be performed in GLOVE BOXES:
D)	Respirators shall be used in accordance with the respiratory protection po (insert facility name), and with the PEOSH respondential respiratory standard 29 CFR 1910.134. This policy and associated documentation is
E)	Appropriate protective apparel compatible with the required degree of protection for subshandled shall be used (insert name or position) will employees on glove, gown, eye protection, etc. use. Permeability charts are av (insert location).
F)	Employees will be instructed on the location and use of eye wash stations and safety sh (insert name or position) is responsible for this instru
G)	Employees will be trained (insert how often, for exannually) on the use of fire extinguishers and other fire protection systems.

[Repeat the above for each additional major category of protective equipment, such as

BIOLOGICAL SAFETY CABINET, VENTILATION OF STORAGE CABINETS, INTERLOCKS ON HIGH VOLTAGE EQUIPMENT, SAFETY SHOWERS, EYEWASH STATIONS, etc., indicating how often they are inspected, by whom, what is measured, and where the inspection records and checklists are filed.]

IV.	EMPI	OYFF	INFOR	ΜΔΤΙ	ON AN	D TR	AINING
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A)	Each employee covered by the laboratory standard will be provided with information and training so that they are apprised of the hazards of chemicals present in their work area. This training will be given at the time of initial assignment and prior to new assignments involving different exposure situations. Refresher training will be given(insert how often).
B)	The training/information sessions shall include:
	 The contents of 1910.1450 and its appendices. A copy of the standard shall be available to employees at
C)	(insert name or position) is responsible for conducting the training sessions, which will consist of (insert training methods, eg. videotape, slides, lecture, etc.). An outline of the training program is in Appendix [An outline is included in this packet, which can be modified for your use.]
D)	Each employee will sign a form documenting that they have received training. [Sample form included in this packet.]
E)	(insert name or position) is responsible for developing standard operating procedures (insert name or position) is responsible for the portion of the training on standard operating procedures.
PI	RIOR APPROVAL FOR SPECIFIC LABORATORY OPERATIONS
	ertain laboratory procedures which present a serious chemical hazard require prior approval by (insert name or position) before work can begin. For this facility, ese procedures include:

		Work with select carcinogens					
		Work with teratogens					
	Work with acutely hazardous chemicals						
	The	These chemicals include:					
		(insert a list of the acutely hazardous chemicals, for					
	exa	ample cyanide).					
	lab	he laboratory does not utilize these classes of chemicals then include a sentence which states "Our poratory does not at this time use any chemicals which are sufficiently hazardous to require prior proval before they are used."]					
VI.	ME	DICAL CONSULTATION AND EXAMINATION					
		(insert facility name) shall provide to affected employees					
	me (in	dical attention including followup examinations whichsert clinic or physician name) determines is necessary under the following circumstances:					
	(1113	sert clinic of physician name) determines is necessary under the following circumstances.					
	A)	Whenever an employee develops signs and symptoms associated with a hazardous chemical to which he/she may have been exposed, the employee shall be provided an opportunity to receive appropriate medical examination.					
	B)	Where exposure monitoring reveals an exposure level routinely above the PEOSH action level (AL) (or in the absence of an action level, exposure above the PEOSH permissible exposure level (PEL)) for PEOSH regulated substances for which there are medical monitoring and medical surveillance requirements, medical surveillance shall be established for that employee.					
		Currently our laboratory uses:					
		1 (Benzene)					
		2(Formaldehyde)					
		3 (list other substances covered)					
		which have a separate PEOSH standard with medical surveillance requirements.					
		If none of these substances is used, indicate that no substances for which PEOSH has medical monitoring requirements are being used.]					
	C)	Whenever an event takes place in the work area, such as a spill, leak, explosion or other occurrence resulting in the likelihood of a hazardous exposure, the affected employee shall be provided an opportunity for a medical consultation. This consultation is for the purpose of determining the need for a medical examination.					
	D)	All medical examinations and consultations are provided by (insert physician's name) [or at (insert clinic/hospital name]. All aspects of these examinations are provided by a licensed physician, or supervised by a licensed physician. These examinations are provided without cost to the employee, without loss of pay, and at a reasonable time and place.					

	E)	he (Insert name or position, eg. Chemical Hygi ifficer) will provide the following information to the physician:	ene
		 Identity of the hazardous chemical to which the employee may have been exposed. A description of the conditions of the exposure including exposure date if available. A description of signs and symptoms of exposure that the employee is experiencing (if any). 	
	F)	he written opinion that the employer receives from the physician shall include:	
		Recommendations for future medical followup. Results of examination and associated tests. Any medical condition revealed which may place the employee at increased risk as the result of a chemical exposure. A statement that the employee has been informed by the physician of the results of the examination/consultation and told of any medical conditions that may require additional examination or treatment.	
	G)	he material returned to (insert employer name) by hysician shall not include specific findings and diagnosis which are unrelated to occupation xposure.	the onal
VII.	RE	PONSIBILITIES UNDER THE CHEMICAL HYGIENE PLAN	
	che	(insert name of position or individual) is designated as the ical hygiene officer for (insert facility name)	ne e).
		mical hygiene committee shall be formed. The membership list and minutes of their meeti ed in (insert location) for employee review.	ings
		may wish at this point to follow the categories in Appendix A of the1910.1450 and assign so ical hygiene duties to all staff. The categories used in this appendix are:	ome
		Chief Executive Officer Department Supervisor Chemical Hygiene Officer Laboratory Supervisor Project Director	

[You may wish to designate your existing safety committee or a sub group of that committee as your chemical hygiene committee.]

VIII. ADDITIONAL PROTECTION FOR WORK WITH SELECT CARCINOGENS, REPRODUCTIVE TOXINS, AND CHEMICALS WITH HIGH ACUTE TOXICITY

When any of these chemicals are used, the following provisions shall be employed where appropriate:

1) Establishment of a designated area.

Laboratory Worker

- 2) Use of containment devices such as fume hoods or glove boxes.
- 3) Procedures for safe removal of contaminated waste.
- 4) Decontamination Procedures.

• • •	tandard has detailed programs for working with these chemicals. If you are Appendix A as a guide for your detailed procedures.]
Appendix	_ to this plan includes the special procedures used in this laboratory for the use

LABORATORY STANDARD TRAINING

I. Occupational exposure to hazardous chemicals In laboratories standard (29 CFR 1910.1450)

- A. Content of the standard and appendices.
- B. Location and explanation of the chemical hygiene plan.
- C. Location of reference materials and material safety data sheets (MSDS).

II. Physical Hazards

- A. Combustible liquid
- B. Compressed gas
- C. Explosive
- D. Flammable
- E. Organic peroxide
- F. Pyrophoric
- G. Unstable (reactive)
- H. Water reactive

III. Health Hazards

- A. Local
 - 1. Irritants
 - 2. Corrosives

B. Systemic

- 1. Toxics
 - a. Acute/Chronic
 - b. Nervous System Effects
 - c. Respiratory System Effects
 - d. Reproductive System Effects
- 2. Sensitizers

IV. Route of Exposure

- A. Inhalation
- B. Skin Absorption
- C. Ingestion

V. Amount of Absorption

- A. Gases/Vapors
- B. Particulates
 - 1. Dust
 - 2. Mist
 - 3. Fume

VI. Dose

- A. Work Practices
- B. Personal Hygiene
- C. Weight
- D. Personal Protective Equipment
- E. Environmental Controls

VII. **Duration of Exposure**

VIII. **Exposure Limits Including PELs**

- A. Definition
- B. Established by:
 - 1. Chemical similarity
 - 2. Animal studies
 - 3. Human studies

IX. **Air Sampling**

- A. Required by PEOSH
- B. Employee reports of illness
- C. Confined space work
- D. Other

X. Response

- A. Age
- B. GenderC. Body size
- D. Health status
- E. Personal habits
- F. Other exposures

XI. **Employee Concerns**

- A. Symptoms limited/many causes
- B. Documentation
- C. Referral
- D. Refusal to work

XII. **Facility Specific Standard Operating Procedures**

TRAINING DOCUMENTATION

TOPIC:(Attach outline of material covered)	DATE:
NAME OF INSTRUCTOR:	POSITION:
<u>NAME</u>	<u>DEPARTMENT</u>